

## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with appropriate fees, to: Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

4-28CPA

HL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

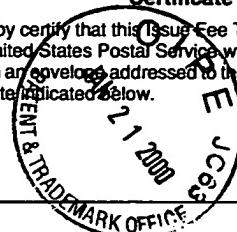
VINSON & ELKINS L.L.P.  
2300 FIRST CITY TOWER  
1001 FANNIN STREET  
HOUSTON TX 77002-6760

HM22/1115

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**Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.



(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/875,888	08/06/97	017	COOK, R	1614 11/15/99
First Named Applicant	BRODIN,	35 USC 154(b) term ext.	=	0 Days.

TITLE OF INVENTION NEW PHARMACEUTICAL COMPOSITION WITH ANAESTHETIC EFFECT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 ABA300/13003	514-716.000	E26	UTILITY	YES	\$605.00	02/15/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Michael A. Sanzo  
1 \_\_\_\_\_Vinson & Elkins L.L.P.  
2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Astra AB

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY) Sweden

Please check the appropriate assignee category indicated below (will not be printed on the patent)

 individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee 10  
 Advance Order - # of Copies \_\_\_\_\_

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 22-0365  
(ENCLOSE AN EXTRA COPY OF THIS FORM)

Issue Fee 10  
 Advance Order - # of Copies \_\_\_\_\_

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Michael A. Sanzo (Date) January 21, 2000

Michael A. Sanzo Reg. No. 36,912  
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE

01/04/2000 STEFERR1 00000084 08875888  
01 FC-561  
02 IC:142

# Vinson & Elkins

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January 21, 2000

The Assistant Commissioner for Patents  
**Box Issue Fee - Batch E26**  
Washington, DC 20231



Re: Issue Fee Transmittal  
Appl. No.: 08/875,888  
102(e) Date: August 6, 1997  
For: **New Pharmaceutical Composition  
With Anaesthetic Effect**  
Inventor: Brodin, et al.  
Atty. Dkt.: ABA300/13003-4-28CPA

Sir:

The following documents are being forwarded herewith for appropriate action by the U.S. Patent and Trademark Office:

1. Part B-Issue Fee Transmittal;
2. Our check in the amount of \$1,240.00 representing the Issue Fee plus ten copies; and
3. One return post card.

It is respectfully requested that the enclosed post card be stamped with the date the enclosed documents are received by the PTO and that it be returned as soon as possible.

The Commissioner is hereby authorized to charge any fee deficiency or credit any overpayment to our Deposit Account No. 22-0365.

Respectfully submitted,

VINSON & ELKINS L.L.P.

A handwritten signature in black ink that reads "Michael A. Sanzo".

Michael A. Sanzo  
Attorney for Applicants  
Registration No. 36,912

MAS:ct  
Enclosures

DC:70120.1